

INTRODUCTION

Recorded and calculated body weights may differ substantially (Figure 1). This discrepancy can result in large differences in administered intravenous anesthetic medication intraoperatively; however, recommendations for weight selection are not readily available. We assessed the efficacy of a brief educational intervention that provided recommendations for weight-based dosing of intravenous anesthetic medications for adult patients.

MATERIALS AND METHODS

A survey was sent to anesthesia providers at an academic tertiary care hospital. First, participants were asked which body weight (total, ideal, or adjusted) they would select when dosing five intravenous anesthetic infusions: propofol, fentanyl, remifentanyl, sufentanil, and ketamine. Participants also indicated their level of confidence in the accuracy of their answer choices (Figure 2). Participants were then shown an educational handout detailing a summary of recommendations from commonly used sources¹⁻¹⁷ utilizing experimental data and expert opinion (Figure 3). Finally, participants were asked to again indicate which body weight they would select when dosing the same five medications. Data was analyzed using McNemar's test at a 0.05 significance level.

RESULTS

In total, 61 individuals participated, including 30 faculty, 10 CRNAs, and 21 residents/fellows. For all medications assessed, most respondents were either neutral or agreed with the statement "I am confident about the accuracy of my answer choices" (Figure 4). The percentage increase in correct responses between pre and posttest questions (Figure 5) were 20% for propofol, 38% for fentanyl, 36% for sufentanil, 33% for remifentanyl, and 23% for ketamine, respectively ($P < 0.01$).

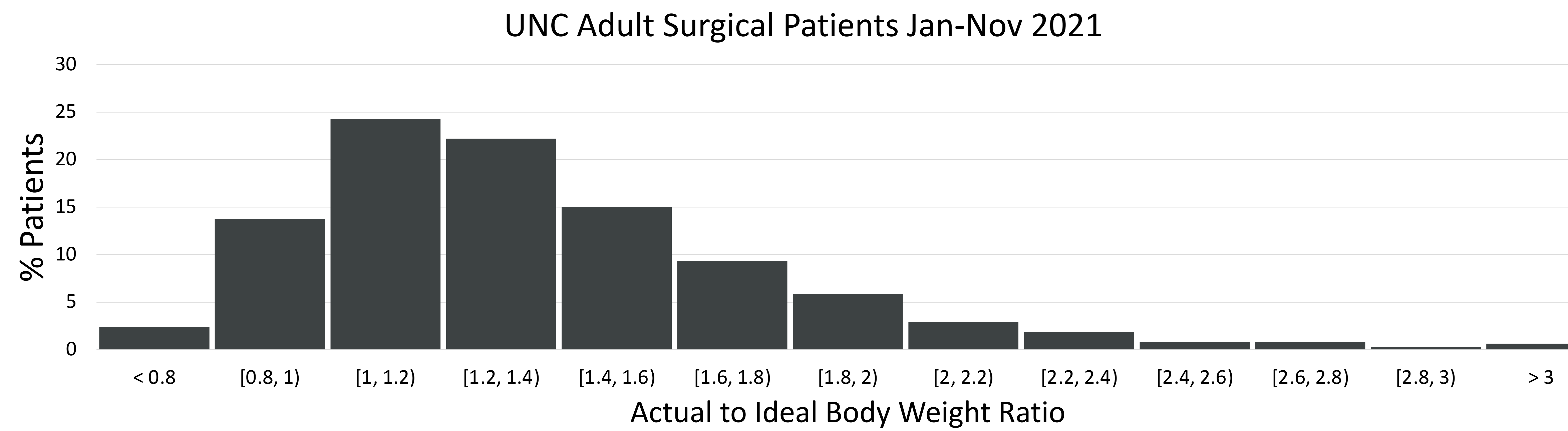


Figure 1: Actual to ideal body weight ratio of UNC adult surgical patients Jan-Nov 2021

When dosing a propofol infusion, I would use a patient's:

Total body weight

Ideal body weight

Adjusted body weight

I am confident of the accuracy of my answers above.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Propofol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufentanil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remifentanyl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the space below to further elaborate on your answer choices, if desired.

Figure 2: Examples of questions used in pretest



Figure 3: Summary graphic used in educational intervention

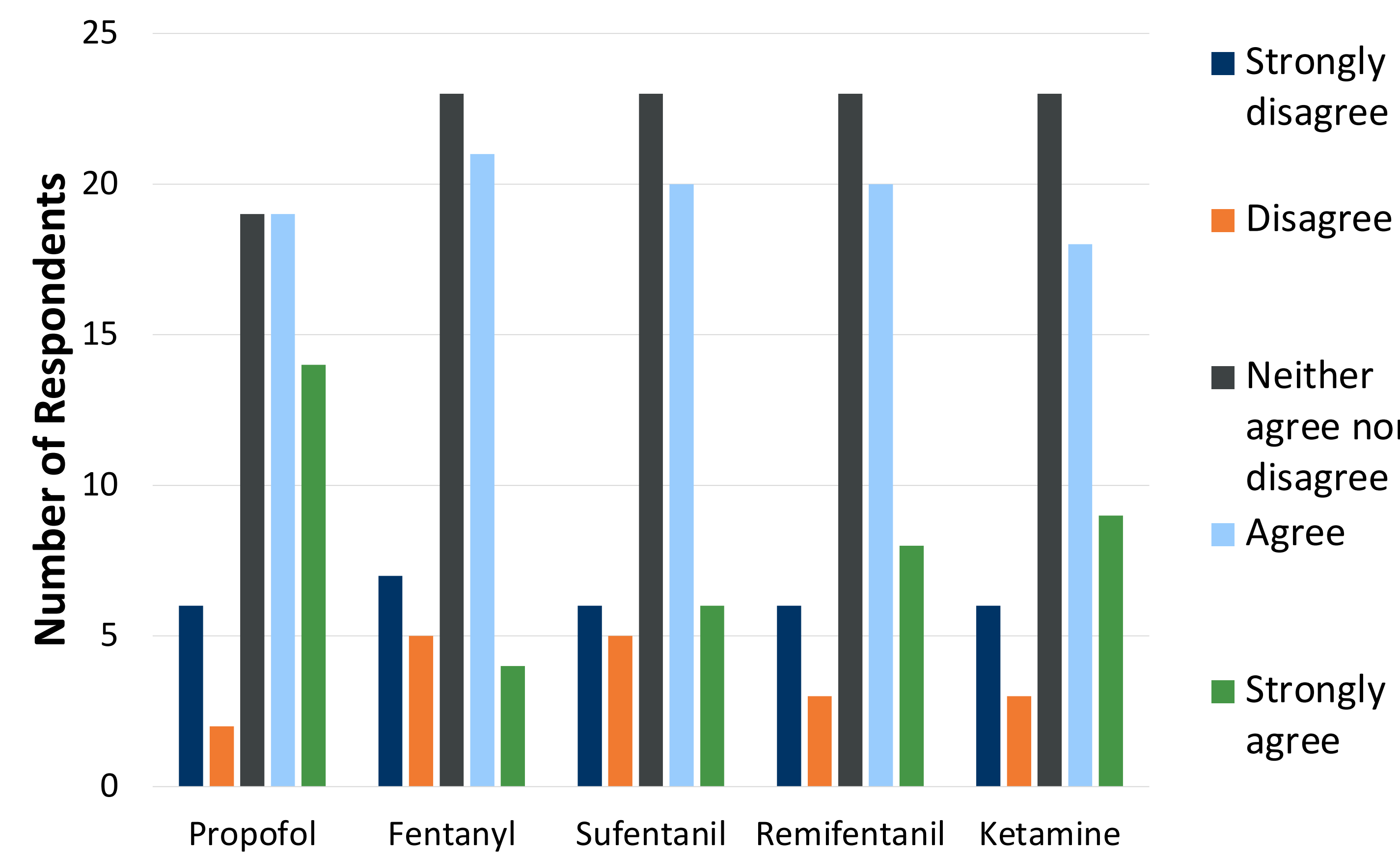


Figure 4: Responses to the statement "I am confident about the accuracy of my answer choices"

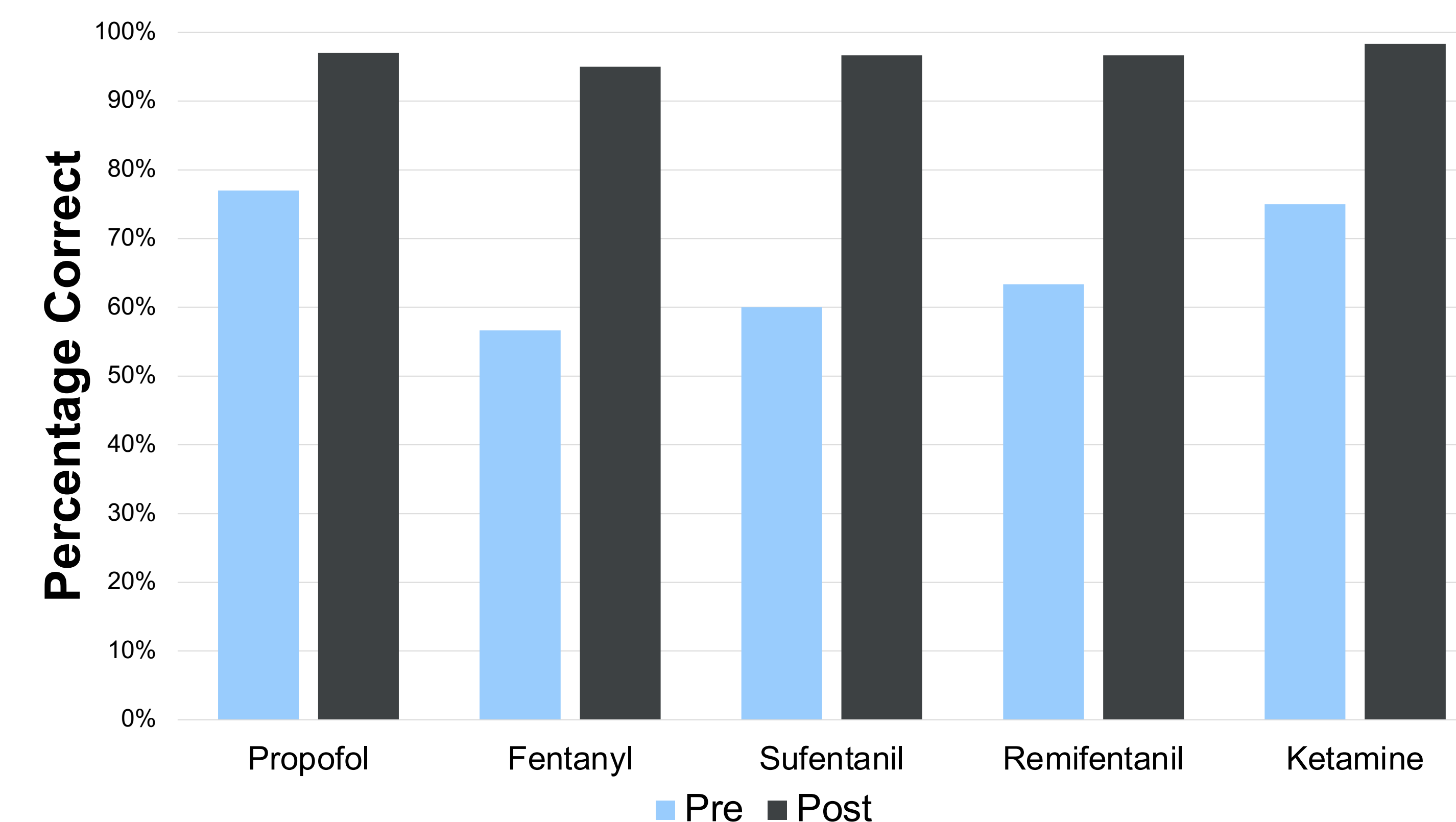


Figure 5: Pre and posttest results

CONCLUSION

A brief educational intervention improved participants' ability to select the recommended body weight for dosing intravenous anesthetic infusions. Departmental implementation of these recommendations would greatly decrease dosing uncertainty of these medications.

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